# **Workers' Compensation Managed Care Pilot Project**

# **SURVEY INSTRUMENTS** AND **INTERVIEW TOOLS**



**April 1997** 

Washington and Industries

University of Department of Labor Washington Department of Health Services

#### INTRODUCTION

This document is a supplement to the Managed Care Pilot Project Final Report to the Legislature. It contains survey instruments and interview tools developed by the University of Washington (UW) for the evaluation of the Managed Care Pilot.

The Managed Care Pilot was implemented by the Washington State Department of Labor and Industries (L&I) to test the effects of managed care intervention in a workers' compensation environment. The department contracted with the UW Department of Health Services to perform an objective, independent evaluation of the pilot. Part of this evaluation was to determine the satisfaction and outcome results and analyze project implementation issues.

Prior to this study, no surveys had been developed to obtain employer satisfaction levels. UW researchers created and pretested a survey specifically designed to measure these satisfaction levels. A patient satisfaction survey was also developed by the UW and was supplemented with questions obtained from Medical Outcomes Trust. The qualitative analysis interview tools were developed by the UW with input from L&I and the Workers' Compensation Advisory Committee. The purpose was to obtain information on project implementation and operation issues from selected key informants.

The results of the UW evaluation are contained in the Managed Care Pilot Project Final Report to the Legislature. The full report or an executive summary can be obtained by sending a request to the address listed below:

Department of Labor and Industries Health Services Analysis Managed Care Pilot Project PO Box 44322 Olympia WA 98504-4322

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#### **EMPLOYER SATISFACTION SURVEY**

RECORD START TIME:	A.M. /P.M.
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- 1. Hello. May I speak with [RESPONDENT NAME]?
  - (1) yes (GO TO ITEM 3)
  - (2) no (RESPONDENT IS NOT AVAILABLE)
- 2. My name is [YOUR NAME] and I'm calling from the University of Washington about a survey on Workers' Compensation. Can you suggest a convenient day and time when I could reach (him/her)?

END OF CONTACT--RECORD TIME OF CALL AND CALL-BACK DAY AND TIME (IF ANY) ON FACE SHEET.

GO TO ITEM 6

3. RESPONDENT IS AVAILABLE

Hello. My name is [YOUR NAME] and I'm calling from the University of Washington Dept. Of Health Services. We are conducting a survey to learn more about how employers feel about the current medical care delivery system for work-related injuries and illnesses. Recently, we contacted [NAME OF FIRM REP] who suggested that you would be the best person to answer questions regarding this matter. Do you have a minute to talk right now?

- (1) yes
- (2) no (GO TO ITEM 5)
- (3) refusal to participate (GO TO ITEM 6)
- 4. Good. We want to know how satisfied you are with the quality of care your employees seem to receive, their quality of work after returning to work, and your opinions about the claims processing system for work-related injuries. You were selected from the firms listed with the Washington State Department of Labor and Industries who have had a claim filed by an employee in the last three months. The results of the survey will contribute to policy decisions made regarding the future of workers' compensation in Washington State. All of your answers will be confidential and you may skip any questions you would prefer not to answer. The interview will take about 10 to 15 minutes and your answers will not affect your workers' compensation insurance premiums in any way. Are you willing to participate? (If yes: Is now a good time?)
  - (1) yes (GO TO ITEM 7)
  - (2) needs to set up a different time (GO TO ITEM 5)
  - (3) refusal (GO TO ITEM 6)
- 5. When would be a convenient day and time for me to call back?

END OF CONTACT--RECORD TIME OF CALL AND CALL-BACK TIME (IF ANY) ON FACE SHEET.

6. Thank you for your time.

RECORD ENDING TIME:

(END CONTACT)

- 7. Thank you very much for agreeing to participate.
  - Is Firm in Pilot group (DO NOT READ)
  - (1) yes (INCLUDE ITEMS 123 THROUGH 132 IN SURVEY)
  - (2) no (EXCLUDE ITEMS 123 THROUGH 132 FROM SURVEY)
- 8. Approximately how many workers' compensation claims were filed from [NAME OF FIRM AND LOCATION] in the last three months?

\_\_\_\_\_ (number of claims; if number of claims is 1, skip to item 54)

#### **Medical Care**

9. I'd like to begin this set of questions by asking you to think about your experience with the workers' compensation system from the last three months for [NAME OF FIRM AND LOCATION]. Try not to think about any one claim, but your experience overall from the last three months.

Typically, are injured workers seen by a medical professional the same day that they are injured?

- (1) yes
- (2) no
- (3) don't know
- 10. How do you rate the length of time it usually takes for employees to be seen by a medical person for treatment following the injury?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 11. Do you typically receive any information about employees' medical treatment from the health care provider?
  - (1) yes
  - (2) no (SKIP TO QUESTION 15)
- 12. How do you rate the willingness of the health care provider to respond to your requests for information regarding injured workers' medical treatment?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

13. How do you rate the length of time the health care provider has taken to respond to questions your firm has had about employees' medical care?
<ul><li>(6) not applicable</li><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>
14. How do you rate the quality of the information that you typically receive from the health care provider regarding the employees' medical treatment?
<ul><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>
15. Do you receive any information about employees' medical treatment from any other source?
<ul><li>(1) yes</li><li>(2) no (SKIP TO QUESTION 20)</li></ul>
16. From whom do you usually receive this information?
<ul><li>(2) the claims manager</li><li>(1) other (SPECIFY SOURCE):</li></ul>
17. How do you rate the willingness of this source to respond to your requests for information regarding injured workers' medical treatment?
<ul><li>(6) not applicable</li><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>
18. How do you rate the length of time taken by this source to respond to questions your firm

- has had about employees' medical care?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 19. How do you rate the quality of the information that you typically receive from this source regarding the employees' medical treatment?
  - (5) excellent
  - (4) very good
  - (3) good

- (2) fair
- (1) poor
- 20. In general, how satisfied are you with the decisions made regarding the medical expenses that have been covered for workers' compensation claims?
  - (5) very satisfied
  - (4) satisfied
  - (3) unsure
  - (2) dissatisfied
  - (1) very dissatisfied
- 21. What is your opinion of the amount of medical treatment received by injured workers?
  - (3) they usually receive too much medical treatment
  - (2) the treatment that they receive is just about right
  - (1) they usually receive too little treatment

#### Time Loss

- 22. Have any of the employees who were injured in the last three months missed time from work because of the injury?
  - (1) yes
  - (2) no (GO TO QUESTION 34)
- 23. Considering the nature of the workers' injuries, how do you rate the length of time that typically passes before the employees are released to return to work?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 24. How frequently do you typically receive updates on disabled employees' time loss status?
  - (6) daily
  - (5) weekly
  - (4) monthly
  - (3) more infrequently than monthly
  - (2) as requested
  - (1) never
- 25. Do you typically receive any information about employees' time loss status from the health care provider?
  - (1) yes
  - (2) no (SKIP TO QUESTION 29)
- 26. How do you rate the willingness of the health care provider to respond to your requests for information regarding disabled workers' time loss status?
  - (6) not applicable
  - (5) excellent
  - (4) very good

(2)	good fair poor
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- 27. How do you rate the speed of the health care provider's response to requests for information about disabled employees' time loss status?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 28. How do you rate the quality of the information that you typically receive from the health care provider regarding disabled employees' time loss status?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 29. Have you received any information about disabled employees' time loss status from any other source?
  - yes
  - (2) no (SKIP TO QUESTION 34)
- 30. From whom do you typically receive this information?
  - (2) claims manager
  - (1) other (SPECIFY)
- 31. How do you rate the willingness of this source to respond to your requests for information regarding disabled employees' time loss status?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 32. How do you rate the speed of the response to requests for information about disabled employees' time loss status?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 33. How do you rate the quality of the information received regarding disabled employees' time loss status?
  - (5) excellent

- (4) very good
- (3) good
- (2) fair
- (1) poor

#### **Return to Work and Work Modifications**

- 34. Have any of the injured workers from the last three months required modifications to their work schedule or duties?
  - (1) yes
  - (2) no (SKIP TO QUESTION 46)
  - (3) don't know (SKIP TO QUESTION 46)
- 35. How easy has it been to accommodate the modifications to the work schedule or duties?
  - (5) very easy
  - (4) easy
  - (3) uncertain
  - (2) difficult
  - (1) very difficult
- 36. How frequently do you receive updates on the employees' ability to return to normal work duties?
  - (6) daily
  - (5) weekly
  - (4) monthly
  - (3) more infrequently than monthly
  - (2) as requested
  - (1) never
- 37. Do you typically receive any information about employees' work modifications from the health care provider?
  - (1) yes
  - (2) no (SKIP TO QUESTION 41)
- 38. How do you rate the willingness of the health care provider to respond to your requests for information regarding injured workers' work modifications?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
  - (0) not applicable

39. How do you rate the speed of the health care provider's response to requests for information about employees' work modifications?
<ul><li>(6) not applicable</li><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>
40. How do you rate the quality of the information that you typically receive from the health care provider regarding the employees' work modifications?
<ul><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>
41. Have you received information regarding employees' work modifications from any other source?
<ul><li>(1) yes</li><li>(2) no (SKIP TO QUESTION 46)</li></ul>
42. From whom do you typically receive this information?
<ul><li>(2) the claims manager</li><li>(1) other (SPECIFY)</li></ul>
43. How do you rate the willingness of this source to respond to your requests for information regarding employees' work modifications?
<ul><li>(6) not applicable</li><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>
44. How do you rate the speed of the response to requests for information about employees' work modifications?
<ul> <li>(6) not applicable</li> <li>(5) excellent</li> <li>(4) very good</li> <li>(3) good</li> <li>(2) fair</li> <li>(1) poor</li> </ul>

45. How do you rate the quality of the information received regarding employees' work modifications?

- (5) excellent(4) very good(3) good

- (2) fair
- (1) poor
- 46. In general, how would you rate the injured employees' ability to work following recovery from an injury compared to their ability to work prior to the injury?
  - (5) much better than before the injury
  - (4) somewhat better than before the injury
  - (3) about the same as before the injury
  - (2) somewhat worse than before the injury
  - (1) much worse than before the injury

#### **Satisfaction With Administrative Aspects Of Claim**

47. Now I'm going to read you several items about the processing of workers' compensation claims and I'd like you to rate each area using the following scale: excellent, very good, good, fair, or poor. I'm asking for a rating of the claims process by an institution such as the Washington State Dept. Of Labor and Industries or a Third Party Administrator. Also, please continue to think about the experience you have had with workers' comp over the last three months.

First, how do you rate the speed with which employee's claims are typically processed?

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 48. Have you received any information from the claims manager regarding the injured workers' claims?
  - (1) yes
  - (2) no (SKIP TO QUESTION 52)
- 49. How do you rate the willingness of the claims managers to respond to your requests for information regarding workers' claims?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 50. How do you rate the speed of the claims managers' response to requests for information workers' compensation claims?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 51. How do you rate the quality of information you have received from the claims managers, either by phone, fax, or mail?

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 52. Overall, how do you rate the administrative handling of workers' compensation claims?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 53. Please comment on any other areas of satisfaction or dissatisfaction regarding the administrative handling of workers' compensation claims.

#### **General Medical Services**

54. Now I want to ask some questions about the medical services available through the current system for your injured workers.

First, does [FIRM NAME] have on-site medical care available for injured or ill workers? (Interviewer: A first-aid kit alone should be counted as a "no")

- (1) yes
- (2) no
- 55. Did the employees receive information from the current workers' compensation system on access to available medical services for the treatment of work-related injuries and illnesses? For example, were they given information about when to go to an emergency room, or whom to call to make appointments?
  - (1) yes
  - (2) no (GO TO QUESTION 59)
  - (3) I don't know (GO TO QUESTION 59)
  - (4) does not apply (GO TO QUESTION 59)
- 56. From whom did they receive this information?
  - (4) the claims manager
  - (3) the health care provider
  - (2) both sources
  - (1) neither (SPECIFY SOURCE OF INFORMATION)
- 57. How was this information given to the workers? For example, did someone come and give a talk to the workers or were they given pamphlets?

#### **RECORD RESPONSE:**

- 58. How do you rate the quality of information given to the employees regarding access to care for work-related injuries?
  - (5) excellent
  - (4) very good

- (3) good
- (2) fair
- (1) poor

# Work-Place Safety

- 59. Did [NAME OF FIRM] receive information on techniques to reduce the risk of work-related injuries and illnesses?
  - (1) yes
  - (2) no (GO TO ITEM 64)
  - (3) don't know (GO TO ITEM 64)
- 60. From whom did your firm receive this information?
  - (4) Labor and Industries
  - (3) the health care provider
  - (2) both sources
  - (1) other (SPECIFY)
- 61. How do you rate the willingness to respond to your requests for information regarding work place safety?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 62. How do you rate the speed of the response to requests for information regarding workplace safety?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 63. How do you rate the quality of the information received regarding work place safety?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

- 64. How do you rate the current workers' comp system in terms of commitment to increasing workplace safety?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 65. How has your experience with Washington States' workers' comp system changed in the last 3 months?
  - (5) it has improved a lot
  - (4) it has improved a little
  - (3) it has not changed
  - (2) it has become a little worse
  - (1) it has become a lot worse
- 66. How satisfied do you think the employees are with the current health care delivery system for the treatment of their work-related injuries?
  - (5) the employees seem very satisfied with it
  - (4) the employees seem somewhat satisfied with it
  - (3) I don't know how the employees feel about it
  - (2) the employees seem somewhat dissatisfied with it.
  - (1) the employees seem very dissatisfied with it.
- 67. Please comment on any other areas of satisfaction or dissatisfaction regarding your firm's workers' compensation health care delivery service.
- 68. Now I have some questions about your regular health benefits coverage. By regular health benefits I am referring to employer based group health insurance plans not including workers' compensation insurance.

First, does [NAME OF FIRM AND LOCATION] provide regular health benefits as part of its benefits package?

- (1) yes
- (2) no (GO TO QUESTION 76)
- 69. What percentage of all employees at your firm are eligible for regular health benefits?

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%		
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- 70. Some regular health benefits coverage is through a Health Maintenance Organization (HMO) such as Kaiser where all of the care is from a single provider. Others, are through Preferred Provider Organizations (PPO) such as Providence that offer choices from a list of doctors and hospitals. Other plans, known as fee for service, have no such restrictions and the employees can go to whomever they want for medical care. Do your employees have a choice between these three types of plans?
  - (1) yes (GO TO QUESTION 72)
  - (2) no
- 71. Which kind of plan do they have?

- (1) HMO (GO TO QUESTION 75) (2) PPO (GO TO QUESTION 75) (3) fee for service (GO TO QUESTION 75) (4) other (ASK THEM WHAT KIND IT IS, AND THEN GO TO QUESTION 75): 72. In your estimation, what percentage of the employees is enrolled in an HMO plan through your firm? % 73. What percentage is enrolled in a PPO plan through your firm? \_\_\_\_\_% 74. Are these percentages based on: (1) your best guess (2) an informed estimate (3) actual data 75. Who are your regular health benefits carriers? **Questions About the Most Recent Injured Worker Medical Care** 76. Now I'd like you to think about the most recent workers' compensation claim filed by an employee from [NAME OF FIRM AND LOCATION]. I'm going to ask you some questions about the quality of medical service that this person received after being injured. First, was this employee seen by a medical professional the same day that he or she was injured? (1) yes (2) no (3) don't know (GO TO QUESTION 78) 77. How do you rate the length of time it took for this employee to be seen by a medical person for treatment following the injury? (5) excellent (4) very good (3) good (2) fair (1) poor 78. Did you receive any information about this employee's medical treatment from the health
- care provider?
  - (1) yes
  - (2) no (SKIP TO QUESTION 82)
- 79. How do you rate the willingness of the health care provider to respond to your requests for information regarding this injured worker's medical treatment?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good

- (2) fair (1) poor
- 80. How do you rate the speed of the health care provider's response to requests for information about this employee's medical care?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 81. How do you rate the quality of the information that you have received from the health care provider regarding this employees' medical treatment?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 82. Did you receive any information about this employee's medical treatment from any other source?
  - (1) yes
  - (2) no (SKIP TO QUESTION 87)
- 83. From whom did you receive this information?
  - (2) the claims manager
  - (1) other (SPECIFY)
- 84. How do you rate the willingness of this source to respond to your requests for information regarding this injured worker's medical treatment?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 85. How do you rate the speed of this source's response to requests for information about this employee's medical care?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 86. How do you rate the quality of the information that you have received from this source regarding this employee's medical treatment?
  - (5) excellent

- (4) very good
- (3) good
- (2) fair
- (1) poor
- 87. How satisfied are you with the decisions made regarding the medical expenses that have been covered for this employee's worker's compensation claim?
  - (5) very satisfied
  - (4) satisfied
  - (3) unsure
  - (2) dissatisfied
  - (1) very dissatisfied
- 88. What is your opinion of the amount of medical treatment received by this injured worker?
  - (3) he or she has received too much medical treatment
  - (2) he or she has received the right amount of medical treatment
  - (1) he or she has not received too little medical treatment

#### Time Loss

- 89. Did this employee miss any time from work because of the injury?
  - (1) yes
  - (2) no (GO TO QUESTION 102)

RECORD NUMBER OF DAYS OR WEEKS:

- 90. Considering the nature of the worker's injury, how do you rate the length of time that has passed for the employee to be released to return to work?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 91. How frequently do (did) you receive updates on this employee's time loss status?
  - (6) daily
  - (5) weekly
  - (4) monthly
  - (3) more infrequently than monthly
  - (2) other (please explain):
  - (1) never
- 92. Did you receive any information about this employee's time loss status from the health care provider?
  - (1) yes
  - (2) no (SKIP TO QUESTION 96)
- 93. How do you rate the willingness of the health care provider to respond to your requests for information regarding this injured worker's time loss status?
  - (6) not applicable
  - (5) excellent
  - (4) very good

(2)	good fair poor
ation	o you abou
(6)	not a

94. How do you rate the speed of the health care provider's response to requests for information about this employee's time loss status?

- (6) not applicable
- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor

95. How do you rate the quality of the information that you have received from the health care provider regarding this employees' time loss status?

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor

96. Did you receive information about this employee's time loss status from any other source?

- (1) yes
- (2) no (SKIP TO QUESTION 101)

97. From whom did you receive this information?

- (2) The claims manager
- (1) Other (specify)

98. How do you rate the willingness of this source to respond to your requests for information regarding this employee's time loss status?

- (6) not applicable
- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor

99. How do you rate the speed of the response to requests for information about this employee's time loss status?

- (6) not applicable
- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor

100. How do you rate the quality of the information received regarding this employee's time loss status?

(5) excellent

(4) very good(3) good(2) fair(1) poorto Work and

#### **Return to Work and Work Modifications**

- 101. Has this employee returned to work since the injury?
  - (1) yes
  - (2) no (skip to question 115)
- 102. Has this employee required any modifications to his or her work schedule or duties?
  - (1) yes
  - (2) no (SKIP TO QUESTION 114)
  - (3) don't know (SKIP TO QUESTION 114)
- 103. How easy has it been to accommodate the modifications to this employee's work schedule or duties?
  - (5) very easy
  - (4) easy
  - (3) uncertain
  - (2) difficult
  - (1) very difficult
- 104. How frequently have you received updates on this employee's ability to return to normal work duties?
  - (6) daily
  - (5) weekly
  - (4) monthly
  - (3) more infrequently than monthly
  - (2) other (PLEASE EXPLAIN):
  - (1) never
- 105. Have you received any information about this employee's work modifications from the health care provider?
  - ves
  - (2) no (SKIP TO QUESTION 109)
- 106. How do you rate the willingness of the health care provider to respond to your requests for information regarding this workers' work modifications?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 107. How do you rate the length of time the health care provider has taken to respond to questions your firm has had about this employee's work modifications?

(6)	not applicable
(5)	excellent
(4)	very good
(3)	good

- (2) fair
- (1) poor
- 108. How do you rate the quality of the information that you have received from the health care provider regarding the employees' work modifications?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 109. Have you received information from any other source regarding his/her ability to return to normal work duties?
  - (1) yes
  - (2) no (SKIP TO QUESTION 114)
- 110. From whom do (did) you receive this information?
  - (2) the claims manager
  - (1) other (SPECIFY)
- 111. How do you rate the willingness of this source to respond to your requests for information regarding this employee's ability to return to normal work duties?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 112. How do you rate the speed of the response to requests for information about modifications to this employee's work duties or schedule?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 113. How do you rate the quality of the information received regarding this employee's ability to return to normal work duties?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

- 114. How would you rate this employee's ability to work following recovery from an injury compared to his or her ability to work prior to the injury?
  - (5) much better than before the injury
  - (4) somewhat better than before the injury
  - (3) about the same as before the injury
  - (2) somewhat worse than before the injury
  - (1) much worse than before the injury
  - (0) worker has not returned to work yet

### **Satisfaction With Administrative Aspects Of Claim**

115. Now I'm going to read you several items about the processing of this claim and I'd like you to rate each area using the following scale: excellent, very good, good, fair, or poor. I'm asking for a rating of this employee's claim processing by an institution such as the Washington State Dept. Of Labor and Industries or by a Third Party Administrator. Also, please continue to think about the most recent workers' compensation claim filed from [FIRM AND LOCATION].

How do you rate the speed with which this employee's claim was or has been processed?

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 116. Have you received any information from the claims manager regarding this injured worker's claim?
  - (1) yes
  - (2) no (SKIP TO QUESTION 120)
- 117. How do you rate the willingness of the claims managers to respond to your requests for information regarding this workers' claim?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 118. How do you rate the speed of the claims manager's response to requests for information about this worker's compensation claim?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

- 119. How do you rate the quality of information regarding this injured worker that you have received from the claims manager, either by phone, fax, or mail?
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 120. Overall, how do you rate the administrative handling of this claim?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 121. Please comment on any other areas of satisfaction or dissatisfaction regarding the administrative handling of this particular workers' compensation claim.
- 122. If there was one thing you could change about the current worker's compensation system, what would it be?

THIS SECTION IS FOR PILOT FIRMS ONLY. IF NOT A PILOT FIRM SKIP DIRECTLY TO ITEM #133.

123. We are interested in knowing how you felt about the process by which your firm was recruited to participate in the pilot. How would you rate the following:

The quality of the employer recruitment information provided by L&I. Would you say this has been:

- (6) excellent
- (5) very good
- (4) good
- (3) fair
- (2) poor
- (1) respondent has no knowledge of the pilot and/or the voting process (GO TO QUESTION 133)

- 124. The ability of L&I to respond to your questions about participating in the pilot. Would you say this has been: (6) not applicable
  - (5) excellent

  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 125. The ability of your managed care health system, Providence or Kaiser, to respond to your questions about participating in the pilot. Would you say this has been:
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 126. Assistance by L&I in setting up the employee vote for your organization. Would you say this was:
  - (6) not applicable
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 127. Please rate the following reasons in terms of their importance to your decision to participate in the pilot:

Wanted to cut the medical costs associated with work place injuries. Would you say this reason was...

- (5) a deciding factor
- (4) very important
- (3) important
- (2) somewhat important
- (1) not important
- 128. Wanted to get the savings on the medical aid premium offered by L&I for participating in the pilot. Would you say this reason was...
  - (5) a deciding factor
  - (4) very important
  - (3) important
  - (2) somewhat important
  - (1) not important
- 129. Wanted experience with managed care for work place injuries. Would you say this reason was:
  - (5) a deciding factor
  - (4) very important

<ul><li>(3) important</li><li>(2) somewhat important</li><li>(1) not important</li></ul>
130. Believed managed care would improve the quality of care for injured workers. Would you say this reason was:
<ul><li>(5) a deciding factor</li><li>(4) very important</li><li>(3) important</li><li>(2) somewhat important</li><li>(1) not important</li></ul>
131. My firm already has a relationship with the participating managed care organization. Would you say this reason was:
<ul><li>(5) a deciding factor</li><li>(4) very important</li><li>(3) important</li><li>(2) somewhat important</li><li>(1) not important</li></ul>
132. My firm wanted to be involved in the process of health care reform for workers' compensation.
<ul> <li>(5) a deciding factor</li> <li>(4) very important</li> <li>(3) important</li> <li>(2) somewhat important</li> <li>(1) not important</li> </ul>

133. Okay, we're just about through. Just a couple of questions about you:

your taking the time to respond to the survey. Have a good day!

RECORD ENDING TIME \_\_\_\_\_ A.M./P.M.

What is your job title?

134. What is your age?

Thank you for your participation! I know that your time is extremely valuable and I appreciate

#### PATIENT SATISFACTION AND MEDICAL OUTCOMES SURVEY

(Sections indicated by an \* were obtained from Medical Outcomes Trust.)

RECORD START TIME:	A.M	l. /P	.M
RECORD START TIME:	A.M	I. /P	

- 1. Hello. May I speak with [RESPONDENT NAME]?
  - (1) yes (GO TO ITEM 3)
  - (2) no (RESPONDENT IS NOT AVAILABLE)
- 2. My name is [YOUR NAME] and I'm calling from the Dept. of Health Services at University of Washington about a survey. Can you suggest a convenient day and time when I could reach (him/her)?

END OF CONTACT--RECORD TIME OF CALL AND CALL-BACK DAY AND TIME (IF ANY) ON FACE SHEET.

RETURN TO MAIN MENU

3. RESPONDENT IS AVAILABLE

Hello. My name is [YOUR NAME] and I'm calling from the University of Washington. We are conducting a survey to learn more about people who have been injured on the job. Recently, we mailed you a letter briefly describing this study. Did you receive the letter?

- (1) yes
- (2) no (GO TO ITEM 7)
- (3) refusal to participate (GO TO ITEM 8)
- 4. Great! As you may recall, the letter stated that we would be calling as part of a study to learn more about the experiences of people like yourself who have been treated for a work-related injury. The interview will take about 30 minutes to complete. You will be compensated \$5.00 if you complete the survey. I will ask a variety of questions about things such as how you're doing physically and emotionally since the injury, and how happy you are with your treatment. Your participation is completely voluntary. All of your responses will be kept confidential as provided by law and you may skip any questions you would prefer not to answer. Also, your answers will not affect your workers' compensation claim in any way. Again, you will be compensated \$5.00 for completing the survey.

Are you willing to participate in the study? (If yes: Is now a good time?)

- (1) yes (CAN DO IT NOW)
- (2) yes, but needs to set up a different time (GO TO ITEM 6)
- (3) refusal (GO TO ITEM 8)

OK, I just need to verify your address.

GO TO ITEM 9.

- 5. Deleted
- 6. When would be a convenient day and time for me to call back?

END OF CONTACT--RECORD TIME OF CALL AND CALL-BACK TIME (IF ANY) ON FACE SHEET.

- 7. Let me give you some information on what this study is about. As I stated earlier, the University of Washington is conducting a study to learn more about people who have had a work-related injury. In particular, we are interested in knowing how satisfied you are with your medical treatment and how your condition is progressing as a result of that treatment. You were selected from the database of injured workers from the Department of Labor and Industries last 6 months. Your opinion of the quality of your medical care and how you have progressed since the injury is critical to this study. The results of the survey will be used to help make decisions about the type of medical care system that should be used for treating injured workers. All of your answers will be kept confidential and you may skip any questions you would prefer not to answer. The interview will take about 30 minutes and your answers will not affect your workers' compensation claim in any way. Would you like to participate? (If yes: Is now a good time?)
  - (1) yes (VERIFY ADDRESS AND GO TO ITEM 9)
  - (2) needs to set up a different time (GO TO ITEM 6)
  - (3) refusal (GO TO ITEM 8)
- 8. Thank you for your time.

(END CONTACT)

### **Before The Injury \***

# Overall Patient Satisfaction (Taken From Psq-li By Ware Et Al.)

9. Before I ask questions you about your injury, I need to get your overall opinions about medical care and the status of your health. First I'm going to read to you a few statements about the quality of health care in general. After each statement, I will read a series of options ranging from strongly agree to strongly disagree. You can pick the option that most closely matches how you feel about that statement. Remember, that these statements are about the quality of medical care in general, not just related to your injury.

I'm very satisfied with the medical care I receive.

- (5) strongly agree
- (4) agree
- (3) not sure
- (2) disagree
- (1) strongly disagree
- 10. Most people receive medical care that could be better.
  - (5) strongly agree
  - (4) agree
  - (3) not sure
  - (2) disagree
  - (1) strongly disagree
- 11. The care I have received from doctors in the last few years is just about perfect.
  - (5) strongly agree
  - (4) agree
  - (3) not sure

- (2) disagree
- (1) strongly disagree
- 12. There are things about the medical care I receive that could be better.
  - (5) strongly agree
  - (4) agree
  - (3) not sure
  - (2) disagree
  - (1) strongly disagree

# **General Health (SF-36)**

Now, I'm going to ask your assessment of your general health. Please respond to the next set of questions using the following scale:

definitely true, mostly true, don't know, mostly false, or definitely false.

- 13. I seem to get sick a little earlier than other people.
  - (1) definitely true
  - (2) mostly true
  - (3) don't know
  - (4) mostly false
  - (5) definitely false
- 14. I am as healthy as anybody I know.
  - (1) definitely true
  - (2) mostly true
  - (3) don't know
  - (4) mostly false
  - (5) definitely false
- 15. I expect my health to get worse
  - (1) definitely true
  - (2) mostly true
  - (3) don't know
  - (4) mostly false
  - (5) definitely false
- 16. My health is excellent.
  - (1) definitely true
  - (2) mostly true
  - (3) don't know
  - (4) mostly false
  - (5) definitely false

#### Since The Injury

17. Now I'm going to start asking questions about your injury and your experience with the medical care you have received so far. Now, I realize that you might have suffered either a work-related illness or a work-related injury, but to keep things simple, I'm going to refer to

everything as a work-related injury. I would like to talk with you about [INJURY] that was filed by your physician on (date). Do you recall that injury?

- (1) yes (GO TO ITEM 21)
- (2) no
- 18. When was the claim for your injury filed and what type of injury was it?
  - (1) the date reported is a close enough match to your file to proceed (NOTE SUBJECT'S REPORT ON FILE AND GO TO ITEM 20)
  - (2) injury does not match your file (NOTE SUBJECT'S REPORT OF INJURY IN THE FILE AND GO TO ITEM 20)
  - (3) the date is no where near the date on the file (PROCEED TO ITEM 19).

#### CONFIRM INJURY AND DATE AND REFER AS CLARIFIED BY WORKER

19. Gee, I must have been given the wrong list, then, because you're listed as having filed a claim for (type of injury) on (date). I'll need to double check on this. When can I call you back?

NOTE CALL BACK TIME ON FACE SHEET, AND TERMINATE INTERVIEW.

- 20. Deleted
- 21. How severe would you say your injury was?
  - (1) not at all severe
  - (2) pretty mild
  - (3) about average
  - (4) somewhat severe
  - (5) very severe
- 22. Overall, how well would you say your recovery from the injury is going? Would you say it is going:
  - (5) extremely well
  - (4) pretty well
  - (3) so-so
  - (2) pretty badly
  - (1) very badly
- 23. Do you view your self as physically disabled because of the injury?
  - (2) ves
  - (1) no (GO TO QUESTION 25)
- 24. Do you think the disability will be permanent?
  - (2) yes
  - (1) no

#### Satisfaction With Administrative Aspects Of Claim \*

25. We are interested in knowing how each area in the claims processing system is being handled. I'm going to read you several items about the processing of your claim and I'd like you to rate each area using the following scale: very satisfied, somewhat satisfied, unsure, somewhat dissatisfied, or very dissatisfied

Speed with which your claim was processed. Would you say you have been ...

- (5) very satisfied
- (4) somewhat satisfied
- (3) unsure
- (2) somewhat dissatisfied
- (1) very dissatisfied
- 26. Ability of the claims management staff to answer questions you had about your claim
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 27. Courtesy of the people you spoke with about your claim
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 28. Cooperation of claims management staff with your health care provider
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 29. The decision that was made about whether your claim would be covered
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 30. The amount of benefit that was paid for your claim
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 31. Overall, how do you rate the administrative handling of your claim?
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied

32. Was there anything else about the way your claim was handled that left you especially satisfied or dissatisfied?

#### COMMENTS:

#### Satisfaction With Selection Of And Referral To Health Care Providers \*

33. Now I'm going to ask you some questions about your access to medical care and referrals for your work place injury. In some cases I will use the term "attending physician". By attending physician I am referring to the person who is in charge of overseeing the treatment of your injury.

First, how important is it to you to choose your attending physician for the treatment of your work-related injury?

- (5) extremely important
- (4) somewhat important
- (3) not sure
- (2) somewhat unimportant
- (1) not at all important
- 34. How important is it to you to be able to see a specialist without a referral from your attending physician?
  - (5) extremely important
  - (4) somewhat important
  - (3) not sure
  - (2) somewhat unimportant
  - (1) not at all important
- 35. Overall, how satisfied have you been with your access to the attending physicians of your choice?
  - (5) extremely satisfied
  - (4) somewhat satisfied
  - (3) not sure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 36. Overall, how satisfied have you been with your access to the specialists of your choice?
  - (5) extremely satisfied
  - (4) somewhat satisfied
  - (3) not sure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 37. How would you rate the current workers' comp system in terms of allowing workers to choose the physicians they desire to see?
  - (5) perfect--couldn't be better
  - (4) very good
  - (3) adequate
  - (2) needs improvement
  - (1) lousy--couldn't be worse

# Overall Satisfaction With Medical Treatment For The Injury \*

38. Now I'm going to read some statements about the medical care you have received for your injury. After I read each statement, I need you to tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with the statement.

Overall, I'm very satisfied with the medical care I have received for my injury.

- (5) strongly agree
- (4) agree
- (3) not sure
- (2) disagree
- (1) strongly disagree
- 39. Overall, the medical care that I have received for my injury could be better.
  - (5) strongly agree
  - (4) agree
  - (3) not sure
  - (2) disagree
  - (1) strongly disagree
- 40. Overall, the care I have received from doctors for my injury is just about perfect.
  - (5) strongly agree
  - (4) agree
  - (3) not sure
  - (2) disagree
  - (1) strongly disagree
- 41. There are things about the medical care I have received for my injury that could be better.
  - (5) strongly agree
  - (4) agree
  - (3) not sure
  - (2) disagree
  - (1) strongly disagree
- 42. Altogether, how many doctors have you been to for treatment of your injury?

RECORD NUMBER OF DOCTORS:

43. Exactly what types of doctors have you been to?

LIST ALL THAT APPLY--USE REFERENCE LIST IF WORKER NEEDS HELP REMEMBERING TYPE OF DOCTOR

# **Choice Of Attending Physician**

44. Now I'm going to ask you some questions about your attending physician. By attending physician I am referring to the person who is in charge of overseeing the treatment of your injury.

Injured workers have a choice of several types of attending physicians to manage the care of their injuries. The choices include medical doctors, osteopaths, chiropractors, and naturopaths. Which of these types of physicians is your attending physician for the treatment of your work-related injury? Keep in mind that by attending physician I am

referring to the person who is or was in charge of overseeing the treatment for your injury.

- (1) a primary care medical doctor such as a family practice doctor
- (2) a specialty medical doctor such as an orthopedic surgeon (INTERVIEWER: IF WORKER SELECTS THIS CHOICE PROBE FOR TYPE OF SPECIALIST. USE SPECIALIST LIST TO HELP THEM IF NECESSARY) TYPE OF SPECIALIST:
- (3) osteopath
- (4) chiropractor
- (5) naturopath
- 45. What is the name of the attending physician who is was in charge of your injury case?

#### **RECORD NAME:**

46. Now I'm going to read a list of reasons for which you might have selected the attending physician who is treating your work- related injury. As I read each one, please indicate if this was one of the reasons that you selected your attending physician by saying yes or no.

He/she is the physician you see for most of your other health-related problems

- (1) yes
- (2) no
- 47. This is the physician you have been to before for this type of problem
  - (1) yes
  - (2) no
- 48. A friend/relative/coworker recommended this physician to you
  - (1) yes
  - (2) no
- 49. Your current workers' comp health care plan said you could see only this physician.
  - (1) yes
  - (2) no
- 50. The health care plan gave you a list of physicians affiliated with their plan.
  - (1) yes
  - (2) no

51. That was the physician who was on duty when you got hurt.
(1) yes (2) no
52. Another doctor recommended that you see this physician
(1) yes (2) no
53. This physician was recommended to you by your employer
(1) yes (2) no
54. Your attorney recommended this physician to you
(1) yes (2) no
55. You decided on your own that you should see this type of physician?
(1) yes (2) no
Rating Of Attending Physician
56. Now I'm going to ask you to rate your attending physician. Please respond by indicating whether you think the rating should be excellent, very good, good, fair, or poor.
How do you rate the technical skills, for example, thoroughness, carefulness, or competence, of the attending physician who treated your injury?
<ul><li>(5) excellent</li><li>(4) very good</li></ul>
(3) good
(2) fair (1) poor
57. Ability of your attending physician to communicate your treatment options to you.
<ul><li>(5) excellent</li><li>(4) very good</li></ul>
(3) good (2) fair
(1) poor
58. Your attending physician's ability to take care of your injury, either by treating it him or herself or by making appropriate referrals to specialists.
(5) excellent
<ul><li>(4) very good</li><li>(3) good</li></ul>
(2) fair (1) poor

59. Overall, how would you rate the quality of the care for your injury from your attendation?	ling	
<ul><li>(5) excellent</li><li>(4) very good</li><li>(3) good</li><li>(2) fair</li><li>(1) poor</li></ul>		
Changing Attending Physicians		
60. Have you changed attending physicians during the course of treatment for your in	jury?	
<ul><li>(1) yes</li><li>(2) no (SKIP TO QUESTION 67)</li></ul>		
61. What type of attending physician were you seeing before your current attending p	hysician?	
<ul> <li>(1) primary practice medical doctor such as a family doctor</li> <li>(2) specialty medical doctor, such as an orthopedic surgeon, neurologist, or occupational medicine doctor. TYPE OF SPECIALIST:</li> <li>(3) osteopath</li> <li>(4) chiropractor</li> <li>(5) naturopath</li> </ul>		
62. Why did you change attending physicians? Was it because		
Your original attending physician recommended the change?		
(1) yes (2) no		
63. You were dissatisfied with the treatment you were getting with the first attending p	hysician?	
(1) yes (2) no		
64. You did not like your first attending physician?		
(1) yes (2) no		
65. The location of your new attending physician is more convenient for you?		
(1) yes (2) no		
66. Are there any other reasons that I didn't list here?		
<ul><li>(1) yes RECORD REASON:</li><li>(2) no</li></ul>		

68. Of the following types of attending physicians, which would you prefer to treat your injury?
<ol> <li>primary practice medical doctor such as a family doctor</li> <li>specialty medical doctor, such as an orthopedic surgeon, neurologist, or occupational or occupational medicine doctor RECORD SPECIALIST TYPE:</li> <li>osteopath</li> <li>chiropractor</li> <li>naturopath</li> </ol>
69. Why have you not changed the attending physician for your injury? Is it becauseit's too much trouble to find a new one?
(1) yes (2) no
70. the one you're seeing now is close to your work or home?
(1) yes (2) no
71. your health care plan won't let you change attending physicians?
(1) yes (2) no
72. your current attending physician discouraged you from changing?
(1) yes (2) no
73. is there any other reason you haven't changed attending physicians even though you'd really like to?
<ul><li>(1) yesRECORD REASON:</li><li>(2) no</li></ul>
Access To Other Physicians
74. Have you been referred to any other doctors for your injury?
(1) yes (2) no (GO TO ITEM 92)
75. Besides your attending physician, what other type of doctor did you see most recently for your injury?
<ul> <li>(1) a primary care medical doctor such as a family practice doctor</li> <li>(2) a specialty medical doctor such as an orthopedic surgeon (TYPE OF SPECIALIST)</li> <li>(3) osteopath</li> <li>(4) chiropractor</li> <li>(5) naturopath</li> </ul>

67. Would you like to change attending physicians now?

(1) yes(2) no (GO TO ITEM 75)

76. Now I'm going to read a list of potential reasons that you went to this doctor. As I read each one, please indicate if this was one of the reasons by saying yes or no.  Was it becausethis is a type of doctor you have been to before?  (1) yes (2) no
77. a friend/relative/coworker recommended this doctor to you?
(1) yes (2) no
78. Your current workers' comp health care plan said you could see only this physician.
(1) yes (2) no
79. The health care plan gave you a list of physicians affiliated with their plan.
(1) yes (2) no
80. That was the physician who was on duty when you got hurt.
(1) yes (2) no
81. Your attending physician recommended that you see this physician
(1) yes (2) no
82. This physician was recommended to you by your employer
(1) yes (2) no
83. Valur atterney recommended this physician to you

- (1) yes
- (2) no
- 84. You decided on your own that you should see this type of doctor?
  - (1) yes
  - (2) no
- 85. Was there any other reason that you chose this doctor?
  - (1) yes RECORD REASON
  - (2) no

## **Rating Of Other Doctor**

86. Now I'm going to ask you to rate this other doctor you saw. Please respond by indicating whether you think the rating should be excellent, very good, good, fair, or poor.

How do you rate the technical skills such as thoroughness, carefulness, or competence, of this other doctor who you saw about your injury?

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 87. Ability of this other doctor to communicate your treatment options to you.
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 88. The doctor's ability to take care of your injury.
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 89. Overall, how would you rate the quality of the care for your injury from this other doctor?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 90. Were the visits to this other doctor covered by your workers' compensation medical benefits?
  - (1) yes (GO TO ITEM 92)
  - (2) no
- 91. How much did you spend on treatment from this doctor?

ENTER DOLLAR AMOUNT:

- 92. Would you like to be referred to any other doctor?
  - (1) ves
  - (2) no (GO TO QUESTION 94)
- 93. What type of doctor would you like to see for your injury?

**RECORD PHYSICIAN TYPE:** 

#### **Dispute Questions**

94. During the course of the treatment for your injury, have you had any disagreements about the treatment for your injury?
(1) yes (2) no (GO TO ITEM 107)
95. What was the nature of the disagreement?
96. With whom did you disagree about your treatment? Did you disagree with Your physician?
(1) yes (2) no
97. Labor and Industries?
(1) yes (2) no
98. Some other agency or person?
(1) yes (SPECIFY) (2) no
99. Did you register a formal complaint regarding the disagreement?
(1) yes (2) no
100. Has a final decision been made about the disagreement?
(1) yes (2) no (GO TO QUESTION 104)
101. How many days or weeks were required to reach a final decision?
102. How do you rate the amount of time required to resolve a disagreement? Would you say it was:
(5) excellent
(4) very good (3) good
(2) fair (1) poor
103. How satisfied are you with the final decision?
<ul><li>(5) very satisfied</li><li>(4) somewhat satisfied</li></ul>
(3) unsure (2) somewhat dissatisfied
(1) very dissatisfied 104. What person, committee, or department settled the disagreement?
107. What person, committee, or department settled the disagreement:

- 105. How do you rate the quality of communication that you have received while waiting for a disagreement to be resolved?
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 106. Has there been or was there anything else about the medical treatment of your injury that left you especially satisfied or dissatisfied?

#### COMMENTS:

#### **Expectations And Satisfaction With Return To Work**

107. These next few questions relate to your ability to work since your injury.

Have you missed any time from work because of your injury?

- (1) yes
- (2) no (GO TO ITEM 112)
- 108. In the last 4 weeks, how many days did you miss from work as a result of your injury?

  RECORD NUMBER OF DAYS
- 109. Have you returned to work since your injury occurred?
  - ves
  - (2) no (GO TO ITEM 122)
- 110. Since returning to work, have you had to miss any additional days as a result of your injury?
  - (1) yes ( PROMPT: HOW MUCH TIME HAVE YOU HAD TO MISS?) RECORD RESPONSE:
  - (2) no
- 111. How supportive of your return to work efforts has your employer been?
  - (5) very supportive
  - (4) supportive
  - (3) not sure
  - (2) unsupportive
  - (1) very unsupportive
- 112. Has your work been modified in any way as a result of your injury?
  - (1) yes
  - (2) no (GO TO ITEM 118)

113. From the following list, please tell me which type of changes have been made to accommodate your injury. Please respond by saying yes or no after each item:
your duties at work have been changed

- (1) yes
- (2) no
- 114. special equipment or procedures are used so that you can perform your job
  - (1) yes
  - (2) no
- 115. your hours have been shortened
  - (1) yes
  - (2) no
- 116. you have someone who assists you at your job
  - (1) yes
  - (2) no
- 117. How satisfied are you with the changes made to accommodate your injury??
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) unsure
  - (2) somewhat dissatisfied
  - (1) very dissatisfied
- 118. Has the amount of your earnings changed since your injury?
  - (1) ves
  - (2) no (GO TO ITEM 120)
- 119. How has the amount of your earning changed? Is it...
  - (5) much more than before than injury
  - (4) somewhat more than before the injury
  - (3) answered "no" to previous question no change
  - (2) somewhat less than before the injury
  - (1) much less than before the injury
- 120. What is the occupation in which you were working when your injury occurred? RECORD OCCUPATION:
- 121. Are you now working at the same occupation you were doing when you were injured
  - (1) yes (GO TO ITEM 124)
  - (2) no (GO TO ITEM 124)

#### **Questions For Workers Who Have Not Returned To Work**

- 122. Which of the following categories best describes how long you expect it will be before you do return to work?
  - (1) within a week
  - (2) more than a week but less than a month
  - (3) about a month
  - (4) more than a month but less than 6 months
  - (5) at least 6 months
  - (6) I will probably never be able to return to work
  - (9) I don't know when I will be able to return to work.
- 123. What is the occupation in which you were working when your injury occurred?
- 124. These question are about your health now and your current daily activities. Please try to answer every question as accurately as you can.

In general would you say your health is:

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 125. Compared to one year ago, how would you rate your health in general now? Would you say it is...
  - (5) much better now than one year ago
  - (4) somewhat better now than one year ago
  - (3) about the same as one year ago
  - (2) somewhat worse now than one year ago
  - (1) much worse now than one year ago
- 126. Compared to before you were <u>injured</u>, how would you rate your health now? Would you say it is...
  - (5) much better than before you were injured
  - (4) somewhat better than before you were injured
  - (3) about the same as before you were injured
  - (2) somewhat worse than before you were injured
  - (1) much worse than before you were injured
- 127. Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

First, vigorous activities such as running, lifting heavy objects, participating in strenuous sports. Does your health now limit you a lot, limit you a little or not limit you at all?

- (1) my health limits me from doing this activity a lot
- (2) my health limits me from doing this activity a little
- (3) my health does not limit me at all

- 128. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at a
- 129. lifting or carrying groceries. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 130. climbing one flight of stairs. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 131. climbing several flights of stairs. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 132. bending kneeling, or stooping. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 133. walking one block. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 134. walking several blocks Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 135. walking more than a mile. Does your health now limit you a lot, limit you a little or not limit you at all?
  - (1) my health limits me from doing this activity a lot
  - (2) my health limits me from doing this activity a little
  - (3) my health does not limit me at all
- 136. bathing or dressing yourself. Does your health now limit you a lot, limit you a little or not limit you at all?

- (1) my health limits me from doing this activity a lot
- (2) my health limits me from doing this activity a little
- (3) my health does not limit me at all

## **Sitting And Standing Questions**

The next two questions are about your ability to sit and stand:

- 137. Which of the following best describes the length of time you can sit without experiencing discomfort since you were injured?
  - (1) I can hardly sit at all
  - (2) I can sit continuously for 3 to 4 hours
  - (3) I can sit continuously for up to 8 hours.
- 138. Which of the following best describes the length of time you can stand without experiencing discomfort since you were injured?
  - (1) I can hardly stand at all
  - (2) I can stand continuously for 3 to 4 hours
  - (3) I can stand continuously for up to 8 hours.
- 139. The following four questions ask you about how your physical health affects your level of daily activities.

during the past 4 weeks, have you had to cut down the amount of time you spent on work or other regular daily activities as a result of your physical health?

- (1) yes
- (2) no
- 140. during the past 4 weeks, have you accomplished less than you would like as a result of your physical health?
  - (1) yes
  - (2) no
- 141. during the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?
  - (1) yes
  - (2) no
- 142. during the past 4 weeks, have you had difficulty performing work or other regular daily activities as a result of your physical health, for example, it took extra effort?
  - (1) yes
  - (2) no

#### **Health Assessment Questionnaire Items \***

143. Now I'm going to read a different list of several activities. After each item, I'd like for you to tell me if you can perform that activity with no difficulty at all, some difficulty, with some help from another person, or if you are unable to perform that activity.

Are you able to open car doors?

- (4) no difficulty at all
- (3) some difficulty
- (2) with some help from another person
- (1) not able to perform this activity at all
- 144. Are you able to cut your own food?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all
- 145. Are you able to turn faucets on and off?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all
- 146. Are you able to open a new milk carton?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all
- 147. Are you able to lift a full cup or glass to your mouth?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all
- 148. Are you able to open jars that have been previously opened?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all
- 149. Are you able to get on and off the toilet?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all

- 150. Are you able to get in and out of a car?
  - (4) no difficulty at all
  - (3) some difficulty
  - (2) with some help from another person
  - (1) not able to perform this activity at all

## SF-36 Pain Scale Items \*

- 151. How much bodily pain have you had during the past 4 weeks? Have you had...
  - (6) none
  - (5) very mild
  - (4) mild
  - (3) moderate
  - (2) severe
  - (1) or very severe
- 152. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...
  - (5) not at all
  - (4) a little bit
  - (3) moderately
  - (2) quite a bit
  - (1) or extremely

## **Overall Assessment Of Outcome**

- 153. How would you rate the outcomes of your medical care for your injury--in other words, how much have you been helped by your medical care? Would you say it has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

### Mental Health SF-36 Items \*

154. The next questions are about how you feel emotionally and how things have been with you during the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

How much of the time during the past 4 weeks...have you been a very nervous person?

- (6) all of the time
- (5) most of the time
- (4) a good bit of the time
- (3) some of the time
- (2) a little of the time
- (1) none of the time
- 155. How much of the time during the past 4 weeks...have you felt so down in the dumps that nothing could cheer you up?

- (6) all of the time
- (5) most of the time
- (4) a good bit of the time
- (3) some of the time
- (2) a little of the time
- (1) none of the time
- 156. How much of the time during the past 4 weeks...have you felt calm and peaceful?
  - (6) all of the time
  - (5) most of the time
  - (4) a good bit of the time
  - (3) some of the time
  - (2) a little of the time
  - (1) none of the time
- 157. How much of the time during the past 4 weeks...have you felt down hearted and blue?
  - (6) all of the time
  - (5) most of the time
  - (4) a good bit of the time
  - (3) some of the time
  - (2) a little of the time
  - (1) none of the time
- 158. How much of the time during the past 4 weeks...have you been a happy person?
  - (6) all of the time
  - (5) most of the time
  - (4) a good bit of the time
  - (3) some of the time
  - (2) a little of the time
  - (1) none of the time

#### **Health Insurance**

159. OK, we're almost finished with the survey. I really appreciate your taking the time to do this. The next few questions are about regular health insurance. When I say regular health insurance I'm not referring to workers' compensation insurance, but to health insurance for non-work related illnesses and injuries.

What type of regular health insurance did you have at the time of your injury...was it:

- (5) a managed care organization
- (4) a preferred provider organization
- (3) a fee-for-service arrangement
- (2) not sure
- (1) you don't have insurance (GO TO ITEM 163)

- 160. Does this plan allow you to go to any doctor you choose or are you limited in your choices?
  - (1) I can choose who I want
  - (2) I am limited in my choices
- 161. Who paid for your regular health benefits at the time of your injury...was it:
  - (3) mostly paid for by your employer
  - (2) paid for entirely by yourself
  - (1) mostly paid for by your spouse's employer
- 162. Are you still covered under a health insurance plan?
  - (2) yes
  - (1) no

## **Demographic Questions \***

- 163. What is your racial/ethnic group?
  - (1) White, not of Hispanic origin
  - (2) Black
  - (3) Asian
  - (4) Hispanic/Latino
  - (5) Native American
  - (6) other (PLEASE SPECIFY):
- 165. What is your highest level of education? (INTERVIEWER: CIRCLE APPROPRIATE CATEGORY)
  - (1) ninth grade
  - (2) tenth grade
  - (3) 11th grade
  - (4) graduated high school
  - (5) some college or technical school
  - (6) graduated technical school graduated college
  - (7) some graduate work
  - (8) masters degree, doctoral or professional degree
- 166. Which of the following categories best describes your present marital status?
  - (1) married
  - (2) legally single but living with someone in a committed relationship
  - (3) separated
  - (4) divorced
  - (5) widowed
  - (6) single, never married
- 167. What was your marital status at the time of your injury?
  - (1) married
  - (2) legally single but living with someone in a committed relationship
  - (3) separated
  - (4) divorced

- (5) widowed
- (6) single, never married
- 168. Which range of incomes best describes the amount of financial income for your household?
  - (1) below \$10,000 per year
  - (2) \$10,000 to 20,000 per year
  - (3) \$21,000 to 30,000 per year
  - (4) \$31,000 to 40,000 per year
  - (5) \$41,000 to 50,000 per year
  - (6) over \$50,000 per year

## **Workers' Compensation Claim History**

- 169. Have you ever filed a workers' compensation claim before this injury?
  - (1) yes
  - (2) no (GO TO QUESTION 174)
- 170. How many claims have you filed in the past?

171. Of those claims, for how many were you awarded payment for time lost from work?

#### RECORD RESPONSE:

- 172. How satisfied were you with the outcome of your past claims?
  - (5) very satisfied
  - (4) somewhat satisfied
  - (3) not sure
  - (2) somewhat dissatisfied
  - (1) not at all satisfied
- 173. How do you compare the medical care you received for your previous injuries to the medical care you have received for your current injury? Would you say that the medical care you received for your previous injuries was...
  - (5) Much better than the care for your current injury
  - (4) Somewhat better than the care for your current injury
  - (3) About the same as the care for your current injury
  - (2) Somewhat worse than the care for your current injury
  - (1) Much worse than the care for your current injury
- 174. Do you have an attorney helping you with your workers' compensation claim?
  - (1) yes
  - (2) no

## **Qualitative Study Questions \***

175. We are interested in knowing how you felt about the process of deciding whether or not your company would participate in the pilot, by that we mean the vote that was taken to decide by employees. How would you rate the following:

The quality of the information provided to you concerning what the pilot was all about. Would you say this has been...

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 176. The ability to get your questions answered about participating in the pilot. Would you say this has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 177. The voting process regarding whether or not you and your fellow employees wanted to participate in the pilot. Would you say this has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 178. And the last question: Would you be interested in being contacted for an even more in depth interview about your workers' comp experience?
  - (1) yes
  - (2) no

Thank you very much for your time. You've been very helpful. You should receive a check for \$5.00 in 7 to 10 days. Have a nice day evening!

#### QUALITATIVE ANALYSIS INTERVIEW TOOLS

#### **ROUND 1A**

## **LEGISLATIVE PROCESS**

#### I. Legislative Intent

- 1. What was intended by the legislature for workers' compensation medical benefits under the health care reform envisioned by the Health Services Act (HSA)?
- 2. Describe your view of the relationship of the two sections of the HSA concerning workers' compensation to each other, and to the HSA in general.
- 3. At the time the legislation was passed, how did you envision managed care being applied to the workers' compensation medical aid benefits in the Workers' Compensation Managed Care Pilot Project? Has your vision changed?
- 4. What did you predict would be the major controversial issues in the implementation of the managed care pilot to stakeholders, including business and labor? How critical is it that these issues be resolved in order to implement the managed care pilot?
- 5. What does the following phrase from the HSA mean to you: "The uniform benefits package of the certified health plan will provide benefits for injured workers that are at least equivalent to the medical benefits provided to injured workers under Title 51. (RCW 43.72.850)?"
- 6. Direct access of workers to chiropractors, naturopathic physicians, and medical specialists is currently provided under the worker's compensation program. In your opinion, does maintaining "the equivalency of benefits" require direct access to providers currently allowed under workers' compensation? Does this phrase require direct access to specific individual providers?

## **II.** Legislative Passage

- 1. What groups supported [Did your organization support] the managed care pilot legislation? What groups opposed [Did your organization oppose] the managed care pilot legislation? Why?
- 2. How much of a priority was workers' compensation health care reform, and the managed care pilot legislation to business and labor [to your organization] during the 1993 legislative session?
- 3. Who was involved in negotiating the parameters of the workers' compensation section of the HSA?
- 4. Who did not participate in the negotiations concerning workers' compensation health care reform but should have?

#### III. Application of the Legislation to the Pilot Design

- 1. Do you think the legislative intent of the section of the HSA concerning the managed care pilot has been applied appropriately to the pilot design?
- 2. How would you have interpreted the legislation differently in designing the managed care pilot?
- 3. Were your interests represented in applying the legislative intent to the pilot design?
- 4. How do you think the managed care pilot legislation was intended to include employers who self-insure for workers' compensation benefits? Has this intent been applied appropriately to the pilot design?
- 5. At the time the managed care pilot legislation was passed, how large scale of a study was anticipated? What level of resource commitment was anticipated?

#### IV. Use of the Managed Care Pilot Results

- 1. How do you [does your organization] intend to use the results of the managed care pilot in developing future workers' compensation health care reform legislation?
- 2. What types of information would be most useful to you [your organization] in developing future legislation concerning workers' compensation health care reform?
- 3. Should other types of pilots be conducted for workers' compensation health care reform? If yes, what should they be?

## V. Additional Areas

- 1. What else was important about the managed care pilot legislation of legislative process?
- 2. Who else should we talk to about the managed care pilot legislation or legislative process?

#### **ROUND 1B**

#### WCAC SUBCOMMITTEE ON HEALTH CARE REFORM

- 1. Please describe how you have been involved [or, how have you involved the WCAC Subcommittee] in the development of the pilot design.
  - How have you been involved in the Request for Proposal (RFP) development?
  - Has your understanding of workers' compensation and managed care evolved during the pilot design? If so, has this assisted you in later decision making?
  - Have you used the WCAC Subcommittee to test your priorities for managed care and workers' compensation?
  - Has your work on the consolidation study differed from your work on the managed care pilot? In what way(s)?
- 2. How has the WCAC subcommittee impacted the managed care pilot design?
  - How satisfied have you been with the process for including the WCAC Subcommittee in the design of the pilot?
    - Was the role of the WCAC Subcommittee clearly defined?
    - ♦ How did the role of the WCAC Subcommittee evolve over the process?
    - What issues were most important to you? Have those issues been resolved? If so, are you satisfied with the way they were resolved?
    - Was L&I's role clear?
  - Is the makeup of the WCAC Subcommittee appropriate? If not, what other people should be included?
- 3. How can the process of including business and labor in the development of the pilot be improved?
  - How should WCAC Subcommittee's role, as representatives of business and labor, be revised?
  - How should L&I's role be revised?
- 4. If you are familiar with business and labor's involvement in the development of the long term disability (LTD) pilot, please compare the role and process of the WCAC Subcommittee with those of the LTD Pilot Task Force.

## Rating and evaluation questions (for WCAC Subcommittee members only):

I am going to ask you to rate several aspects of the process of designing the pilots from your viewpoint as a WCAC Subcommittee member. Please use this 5-point scale to rate your response to the following five questions:

- (1) = poor
- (2) = fair
- (3) = good
- (4) = very good

- (5) = excellent
- 1. The amount of input that the WCAC has had in making important decisions about the managed care pilot design.
- 2. The quality of technical staff support--that is, the information provided by L&I staff to the WCAC Subcommittee and their ability to answer questions.
- 3. The quality of L&I's leadership in developing the managed care pilot design.
- 4. The process for resolving the key issues in the design of the managed care pilot.
- 5. Your overall satisfaction with the way the managed care pilot has been designed thus far.

### **Legislative Process**

- 1. What was intended by the legislature for workers' compensation medical benefits under the health care reform envisioned by the Health Services Act (HSA)?
  - At the time the HSA passed, how did you envision managed care being applied to workers' compensation medical aid in the Pilot? Has your vision changed?
  - What was intended with regard to choice of physician in workers' compensation?
- 2. Do you think the legislative intent of the section of the HSA concerning the managed care pilot has been applied appropriately to the pilot design?
- 3. How much of a priority was workers' compensation health care reform, and the managed care pilot legislation to business and labor [or, to your organization] during the 1993 legislative session?

#### **Summary:**

- 1. Do you have any final thoughts about the WCAC Subcommittee's involvement in the pilot design?
- 2. Who else should we talk to about the Pilot?

#### **ROUND 1C**

#### AD HOC LABOR-MANAGEMENT COMMITTEE PROCESS

- 1. Please describe how you have been involved with the Ad Hoc Labor-Management Committee.
  - Has your understanding of the issues of applying managed care to workers' compensation changed during the pilot design?
- 2. How has the Ad Hoc Committee process impacted the outcome of the pilot design, especially the role of L&I claims managers in the pilot?
  - How satisfied have you been with the process for including the Ad Hoc Committee in the design of the pilot?
  - Was the makeup of the Ad Hoc Committee appropriate?
    - If not, what other people should have been included?
  - How clearly defined were the expectations and the role of the Ad Hoc Committee in the development of the pilot design?
  - Did the expectations and role of the Ad Hoc Committee change over the process of developing the pilot?
    - If so, how?
  - Has L&I's technical support been sufficient?
    - If not, what expertise or support was missing?
    - If so, what was most helpful?
- 3. What issues in the negotiation of the relative roles of the L&I claims managers and the MHCS claim management liaisons were most important to you?
  - How were your most important issues resolved?
  - How satisfied have you been with the process of involving the Ad Hoc Committee in the resolution of the issues?
- 4. Rating Questions (asked only of Ad Hoc Labor-Management Committee members):

I am going to ask you to rate several aspects of the process of designing the pilots from your viewpoint as an Ad Hoc Committee member.

Please use the following 5 point scale to rate your response to the question:

- (1) = poor
- (2) = fair
- (3) = good
- (4) = very good
- (5) = excellent

- 1. The amount of input that the Ad Hoc Committee has had in making important decisions about the role of the L&I claims manager and of the Managed Health Care System (MHCS) claim management liaison.
- 2. The process for resolving key issues in defining the role of the L&I claims manager and the MHCS claim management liaison.
- 3. Your overall satisfaction with how the roles of the L&I claims managers and the MHCS claim management liaisons were defined.

## **Additional Areas:**

- 1. What other issues are important to the involvement of the Ad Hoc Committee in the design of the pilot?
- 2. Who else would you recommend we talk to about this issue?

#### **ROUND 2A**

#### MCO DECISION MAKING PROCESSES

- 1. How did your organization assess the risks and opportunities (including financial risks and opportunities) of participating in the Managed Care Pilot?
  - Who in the organization was involved in assessing the risks and opportunities, or costs and benefits?
  - Was a systematic approach to evaluating the costs and benefits used? If yes, how?
  - Was the information provided to you by L&I sufficient in evaluating the risks and opportunities? What other types of information would have been helpful?
- 2. What were the deciding factors concerning whether or not your organization would participate in the pilot?
  - What did your organization identify as the major risks and opportunities, or costs and benefits?
  - Was your decision impacted by the behavior of competing organizations?
  - If the Department of Labor and Industries were implementing state-wide consolidation, rather than just a pilot, would you have been interested in participating? Why or why not?
  - Did the environment surrounding general health care reform impact your decision? If so, how?
  - Have recent changes in general health care reform impacted how you now evaluate your original decision whether or not to participate in the managed care pilot?
- 3. How did your organization assess the requirements of participating in the pilot?
  - What changes in operations were estimated to be required from participating in the pilot?
  - How was the impact of the required changes estimated?
  - Was the original legislative intent of the Managed Care Pilot considered by your organization? If so, how?
- 4. If your organization is not participating in the Managed Care Pilot, please describe your systems or processes currently in place to manage the treatment of workplace injuries?
  - Have medical treatment guidelines and referral protocols for injured workers been developed by your organization? If so, how were they developed?
  - How are the medical treatment guidelines and referral protocols distributed to the medical staff? How is compliance with the guidelines and protocols assured?
  - What types of case management services do you provide? Are these specifically designed for workplace injuries?
  - How does your organization address the return to work needs of injured workers? How do you work with employers on returning injured workers to work?
  - What processes do you have for resolving disputes over medical decision making for injured workers? How were these processes developed?

- 5. If your organization is participating in the Managed Care Pilot, how have the requirements of the pilot been implemented?
  - How have you encouraged compliance of enrolled workers to the requirements of participation in the pilot, such as the use of network providers and preauthorization for emergency services?
  - Have medical treatment guidelines and referral protocols for injured workers been developed specifically for the pilot? If so, how were they developed?
  - How are the medical treatment guidelines and referral protocols distributed to the medical staff? How is compliance with the guidelines and protocols assured?
  - How was the process for resolving disputes over medical decision making developed?
  - How were the requirements for medical case management implemented? How is this process coordinated with the L&I disability claims managers?
  - How does your organization address the return to work needs of injured workers? How do you work with employers on the return to work of injured workers?
- 6. The L&I Workers' Compensation Advisory Committee's (WCAC's) Subcommittee on Health Care Reform advised on the design of the Managed Care Pilot. How satisfied are you with their impact on the pilot?
  - In the WCAC Subcommittee, there were disputes between business and labor representatives concerning several issues in the pilot, including choice of provider. How do you think these conflicts have impacted the pilot? How have these conflicts impacted your participation, or lack of participation, in the pilot? How satisfied have you been with the resolution?
  - Organized labor is recommending that workers not participate the Managed Care Pilot. Has this impacted your desire to participate or to not participation?
- 7. What else would you like to tell us about the process of assessing the risks and opportunities of participating in the managed care pilot?
- 8. Who else should we talk to about the managed care pilot?

#### **ROUND 2B**

## **EMPLOYER/EMPLOYEE RECRUITMENT PROCESS**

#### **EMPLOYERS**

- 1. Please describe your role in recruiting employers and employees for the Workers' Compensation Managed Care Pilot.
- 2. Why was your firm interested, or not interested, in participating in the Managed Care Pilot?
  - If your firm was initially interested in participating in the pilot, but did not pursue participation, what influenced that decision?
  - Did L&I or the MHCSs do something in particular that encouraged or discouraged your participation in the pilot? If so, what?
- 3. If the Department of Labor and Industries were implementing state-wide consolidation, rather than just a pilot, would you volunteer to participate? Why or why not?
- 4. How were the employees at your firm approached about participating in the pilot?
  - Were materials from L&I and/or from the MHCS used to inform employees? Were the materials helpful? What was most helpful about the materials from L&I? From the MHCS?
  - Did you develop your own materials to inform employees about the pilot?
  - How did you distribute information to your employees?
  - Did the employees at your firm utilize L&I's 1-800 line? If yes, how satisfied were they with the response? If no, why do you think they didn't use the line?
- 5. How was the employee vote implemented in your organization?
  - Who negotiated the parameters of the voting process? Did your firm have any parameters in addition to those required by L&I?
  - How long was the employee recruitment process at your firm--from first introducing the pilot to your employees to completing the voting process?
- 6. What features of the pilot do you think most significantly impacted the employees' decision to participate, or to not participate, in the pilot?
  - How important do you think choice of provider was to the employees at your firm whey they were deciding to whether or not to participate in the pilot?
  - Do you think the fact that organized labor is recommending workers not participate in the Managed Care Pilot has affected the outcome of the employee vote at your organization?
  - If L&I were implementing state-wide consolidation, rather than just a pilot, do you think the employees in your organization would want to participate? Why or why not?
  - Were there any other factors, that we haven't discussed yet, which may have influenced the employees' decisions about participation in the pilot?
- 7. How satisfied are you with the process for recruiting employers and employees in to the Managed Care Pilot?

- How satisfied are you with the process for completing the employee vote?
- What should be done to improve the recruitment process?
- 8. Do you feel that the pilot design adequately takes into account the special needs of self-insured employers? If not, how could that have been done better?
  - A requirement for participation of self-insured firms is sharing the premium discount with employees. If your firm is self-insured for the medical care of injured workers, how do you intend to share the discount from the Managed Care Pilot with your employees?

## **Rating Questions**

- 9. Would you say the quality of the employer recruitment information provided by L&I has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 10. Would you say the ability of L&I to respond to your questions about participating in the pilot has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 11. Would you say the ability of your managed care health system, Providence Health Plans or Kaiser, to respond to your questions about participating in the pilot has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 12. Would you say assistance by L&I in setting up the employee vote in your organization has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

- 13. I'm going to ask you about the importance of various factors that may have influenced your decision to apply, or not apply, to participate in the pilot.
  - Would you say that cutting the medical costs associated with work place injuries was...
    - (5) a deciding factor
    - (4) very important
    - (3) important
    - (2) somewhat important
    - (1) not important
  - Would you say that the savings on the medical aid premium offered by L&I for participating in the pilot was...
    - (5) a deciding factor
    - (4) very important
    - (3) important
    - (2) somewhat important
    - (1) not important
  - Would you say that wanting experience with managed care for workplace injuries was...
    - (5) a deciding factor
    - (4) very important
    - (3) important
    - (2) somewhat important
    - (1) not important
  - Would you say your firm's already established relationship with the participating managed care organization was...
    - (5) a deciding factor
    - (4) very important
    - (3) important
    - (2) somewhat important
    - (1) not important
    - (0) no former relationship

#### **Additional Areas**

- 14. What else would you like to tell us about the process of recruiting employers and employees into the Managed Care Pilot?
- 15. Who else should we talk to about the recruitment of employers and employees in to the Managed Care Pilot?

#### **ROUND 2B**

## **EMPLOYEE REPRESENTATIVES (COLLECTIVE BARGAINING AGENTS)**

- 1. Please describe your role in the employee recruitment process of the Workers' Compensation Managed Care Pilot.
- 2. How were you and the employees you represent approached about participating in the pilot?
  - Were materials from L&I and/or from the MHCS used to inform employees? If so, were the materials helpful? What was most helpful about the materials from L&I? From the MHCS?
  - Did you develop your own materials to inform employees about the pilot?
  - How did you distribute information to the employees you represent?
  - Did the employees utilize L&I's 1-800 line? If yes, how satisfied were they with the response? If no, why do you think they didn't use the line?
- 3. How was the employee vote implemented?
  - How long did the process of implementing the employee vote take -- from first notifying employees about the pilot to implementing the vote?
  - Who negotiated the parameters of the voting process? Did the firm have any parameters in addition to those required by L&I?
- 4. What features of the pilot most significantly impacted employees' decision to participate, or to not participate, in the pilot?
  - What do you estimate to be the impact of the choice of provider provisions of the pilot to the employees you represent?
  - Do you think the fact that organized labor is recommending workers not participate in the pilot affected the outcome of the employee vote?
  - If L&I were implementing state-wide consolidation, rather than just a pilot, do you think the employees you represent would want to participate? Why or why not?
  - Did the environment surrounding general health care reform affect the voting outcome of the employees you represent? If so, how?
- 5. How satisfied are you with the process for recruiting employees?
  - How satisfied are you with the process for completing the employee vote?
  - What should be done to improve the recruitment process?
- 6. Would you say the quality of the information concerning what the pilot is about has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 7. Would you say the ability to get your questions answered by L&I about participating in the pilot has been...

- (5) excellent
- (4) very good
- (3) good
- (2) fair
- (1) poor
- 8. Would you say the ability to get your questions answered by the MHCSs about participating in the pilot has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor
- 9. Would you say the voting process at the firm whose employees you represent has been...
  - (5) excellent
  - (4) very good
  - (3) good
  - (2) fair
  - (1) poor

## **Additional Areas**

- 10. What else would you like to tell us about the process of recruiting employees into the Managed Care Pilot?
- 11. Who else should we talk to about the recruitment of employees into the Managed Care Pilot?

#### **ROUND 3A**

#### CLAIMS MANAGEMENT

- 1. Describe your involvement in the Workers' Compensation Managed Care Pilot?
  - Describe how you interact with the others in the Managed Care Pilot (e.g., the MHCSs, employers, and employees).
  - Compare your activities with the pilot versus other workers' comp claims.
- 2. From your perspective, how has workers' compensation claims management changed as a result of the Managed Care Pilot?
  - How well do you think the claims management process under the pilot is working?
  - What aspects work well and what don't?
  - What suggestions do you have for improving claims management under the pilot?
- 3. How do you think the pilot has impacted the following:
  - the dispute process?
  - independent medical exams (IMEs)?
  - medical management?
  - the time you spend on each individual claim?
  - your workload?
- 4. How have changes in the claims management process due to the pilot affected service to injured workers and employers?
  - What is your sense of how satisfied workers in the pilot are, compared to workers not in the pilot?
  - What is your sense of how satisfied employers are with the pilot?
- 5. How has the Managed Care Pilot impacted your interactions with injured workers?
- 6. Have workers complied with the requirements of the Managed Care Pilot?
  - How satisfied do you perceive workers to be with the restricted provider network?
- 7. Do you think the claims management process (or issues related to it) would be different if this were a state-wide, permanent program, rather than a pilot? If so, how?
- 8. Is there anything else you believe is important for executives or policymakers to know about claims management under the Managed Care Pilot?
- 9. Who else should we talk with about the claims management process under the Managed Care Pilot?

## MEDICAL MANAGEMENT AND THE REFERRAL PROCESSES

#### MCO OR CLINIC ADMINISTRATORS

- 1. What is your role in the Workers' Compensation Managed Care Pilot?
  - Describe the relationship between your clinic and Providence/Kaiser.
  - How is your clinic reimbursed under the pilot (e.g., fee-for-service, fee-for-service minus 5%, capitation, etc.)? Is this the same for all of the departments within your clinic?
  - How are the primary occupational medicine physicians in your clinic compensated under the pilot?
  - How are the specialists and other providers to whom you refer compensated under the pilot?
- 2. Describe how a typical pilot injured worker moves through your system, from the point of intake onward?
  - How does that system differ for non-pilot injured workers?
- 3. Describe the paperwork required in treating injured workers under the pilot.
  - How does this differ from the paperwork required in treating non-pilot injured workers?
  - How is billing through the pilot (Providence/Kaiser) different than billing through L&I?
- 4. Do you have treatment and referral protocols that are specific to the pilot? If so, how are they different from the protocols you use to treat and refer injured workers not in the pilot?
  - Are there written protocols for developing treatment plans?
  - Are there written protocols for referring patients to medical specialists and other types of providers?
  - Are there written protocols for developing interdisciplinary team treatment approaches?
  - How were the treatment and referral protocols for the pilot developed?
  - Are there mechanisms to assure that providers follow the treatment and referral protocols?
  - How effective do you think the treatment and referral protocols are?
- 5. Does the pilot affect how your clinic addresses return to work issues? If so, how?
- 6. Describe communication between Primary Occupational Medicine Physicians and Chiropractors in the managed care network under the pilot.
  - When a Chiropractor is involved in treating a pilot project worker, is she/he involved in decision-making about whether the worker should receive time loss?
  - Are they involved in decisions about whether the worker should receive physical therapy or massage therapy?
  - What worked well about the way the managed care organization worked with chiropractors?

- What could have been improved?
- 7. Have you had any contact with injured workers in the pilot? If so, please describe the nature of that contact (e.g., frequency, circumstances, tone, issues discussed).
  - How satisfied do employees appear to be with the pilot?
  - Are pilot injured workers complying with the program's rules, including staying within the restricted provider network?
- 8. Have you had any contact with employers in the pilot? If so, please describe the nature of that contact (e.g., frequency, circumstances, tone, issues discussed)
  - How satisfied do employers appear to be with the pilot?
- 9. How worthwhile do you feel participation in the pilot is in terms of:
  - financial considerations for Kaiser/Providence?
  - contributing to the future of workers' compensation policy?
  - raising the visibility of occupational medicine for treating work-related illnesses and injuries?
- 10. What do you think of the design of the Managed Care Pilot?
  - Does implementation of the pilot at your clinic deviate at all from it's planned structure? If so, how?
  - How well do you think the pilot is operating within Providence/Kaiser?
  - What suggestions do you have for improving the pilot?
- 11. Do you think that medical management and the referral process would be different if this program were state-wide and permanent, rather than a pilot? If so, how?

## **Concluding Questions:**

- 12. Is there anything else you'd like to tell us about the pilot?
- 13. Who else should we talk to about medical management, the referral process, the dispute resolution process, or workplace safety incentives under the pilot?

#### MCO PROVIDERS AND ADMINISTRATORS GROUP MEETING

- 1. Approximately how many pilot injured workers have you seen in your clinics?
  - Do you also treat non-pilot injured workers?
- 2. How different is treatment of pilot injured workers from treatment of non-pilot injured workers? What are the main differences and similarities?
- 3. Does the nature of the pilot affect:
  - communication among providers?
  - communication with employers?
  - communication with injured workers?
  - how return to work issues are handled?
- 4. How effective do you think the pilot is in:
  - ensuring the quality and appropriateness of treatment?
  - controlling costs?
  - What impedes the effectiveness of the pilot in these areas?
- 5. What aspects of the pilot are working well?
- 6. What aspects of the pilot are not working well?
- 7. How could the Managed Care Pilot be improved?
- 8. Do you think that medical management and the referral process would be different if this program were state-wide and permanent, rather than a pilot? If so, how?
- 9. What else would you like to tell us about the pilot?

#### PRIMARY OCCUPATIONAL MEDICINE PROVIDERS

- 1. What is your role in the management of medical treatment and referral protocols for the Workers' Compensation Managed Care Pilot?
  - Is your clinic part of the Providence or Kaiser network, or is it a subcontractor?
  - In what manner is your clinic reimbursed under the pilot on a capitated basis or on a fee-for-service basis?
  - How are you normally (not under the pilot) reimbursed for treating injured workers?
- 2. Describe how treatment is managed under the pilot by physicians and other providers at your clinic?
  - Are your treatment and referral protocols different under the pilot from your other service delivery arrangements for injured workers? If so, how?
  - Is the nature of the injuries you're seeing under the pilot different from the nature of the injuries overall for injured workers? If so, how?
  - Are the frequency of visits and the number of tests and treatments different for injured workers in the pilot than for other injured workers? If so, how?
  - Describe how injured workers under the pilot flow through the system?
- 3. Are written protocols for medical management and referrals distributed from Providence/Kaiser to clinics and providers? If so, are there mechanisms to assure that they are adhered to?
  - Are there written protocols to develop treatment plans?
  - Are there written protocols to refer patients to specialists and alternative providers?
  - Are there written protocols to develop interdisciplinary team approaches?
- 4. Do you address return to work (RTW) issues differently under the pilot? If so, please describe the differences.
- 5. Do you think injured workers are complying with the regulations and restrictions of the Managed Care Pilot?
  - How does your clinic facilitate compliance with the pilot regulations?
- 6. How satisfied do you perceive injured workers to be under the pilot (both with their care and with the provisions of the pilot)?
  - How does that compare with your perception of satisfaction of injured workers not in the pilot?
  - If there is a difference in satisfaction between pilot and non-pilot injured workers, what do you attribute the difference to?

- Is there a difference in the nature of your communications with injured workers under the pilot compared with other injured workers you treat? If so, please explain the difference and what you think the cause is.
- 7. How satisfied do you perceive employers to be under the pilot (both with treatment of injured workers and with the provisions of the pilot)?
  - How does that compare with your perception of employer satisfaction in general?
  - If there is a difference in pilot and non-pilot employer satisfaction, what do you attribute the difference to?
  - Is there a difference in the frequency and nature of your communications with employers under the pilot compared with other employers of injured workers you treat? If so, please explain the difference and what you think the cause is.
- 8. From your perspective, how well is the pilot working?
  - What is working well under the pilot?
  - What is not working well under the pilot?
  - How could the Managed Care Pilot be improved?
- 9. Do you think the medical management and the referral process would be different if the program were state-wide and permanent, rather than a pilot? If so, how?
- 10. Is there anything else you'd like to tell us about the medical management and referral processes under the Managed Care Pilot?
- 11. Who else should we talk to about the medical management and referral processes under the Managed Care Pilot?

#### SPECIALIST PROVIDERS

- 1. What is your area of specialty?
  - Describe the relationship between your clinic/practice and Providence/Kaiser.
  - How are you compensated under the pilot?
  - How are you normally (not under the pilot) compensated for treating injured workers?
- 2. Describe the referral process for treating injured workers in the Managed Care Pilot and how you fit into that process?
  - Does that referral process alter the frequency with which you receive referrals?
  - Does that referral process alter how you treat injured workers?
- 3. Under what circumstances would an IME be ordered for a pilot IW?
  - How are IMEs arranged and how are they paid for?
- 4. Is the nature of the injuries you're seeing under the pilot different from the nature of the injuries overall for injured workers? If so, how?
  - Are the frequency of visits and the number of tests and treatments different for injured workers in the pilot than for other injured workers? If so, how?
- 5. How does the paperwork required in treating injured workers under the pilot differ from the paperwork required in treating non-pilot injured workers?.
  - How is billing under the pilot (through Providence or Kaiser) different from billing through
     1.812
- 6. *(FOR NON-DC SPECIALISTS)* Do you follow treatment and referral protocols that are specific to the pilot? If so, how are they different from the protocols you use to treat and refer injured workers not in the pilot?
  - Are there written protocols for developing treatment plans?
  - Are there written protocols for developing interdisciplinary team treatment approaches?
  - How were the treatment and referral protocols for the pilot developed?
  - Are there mechanisms to assure that providers follow the treatment and referral protocols?
  - How effective do you think the treatment and referral protocols are?
- 7. Does the pilot affect how you addresses return to work issues? If so, how?
- 8. Describe communication between POMPs and Chiropractors/Specialists in Kaiser/Providence under the pilot (e.g. when and how).

## For DCs Only:

- 9. Are there chiropractic referral and treatment guidelines? If so, are they followed (i.e., do chiropractors treat according to the guidelines or are they discouraged from doing so?)?
  - When a chiropractor is involved in treating a pilot injured worker, is the chiropractor involved in making decisions regarding time loss?
  - Are chiropractors involved in decisions about whether the worker should receive physical therapy or massage therapy?
  - Do you think chiropractors involved with the pilot adequately communicate their diagnosis and treatment plans to POMPs and/or the Occ Med clinics?
  - Do you think chiropractors involved with the pilot appropriately refer patients to primary occupational medicine physicians and occupational medicine centers?
  - Have you received any referrals from POMPs or Occ Med clinics? If so, how were they
    made (phone, letter, appointment scheduled by office staff)?
  - What works well about the way Kaiser/Providence works with chiropractors?
  - What could be improved?

#### For All Informants:

- 10. Is there a difference in the nature of your communications with injured workers under the pilot compared with other injured workers you treat? If so, please explain the difference and what you think the cause is.
  - How satisfied do employees appear to be with the pilot?
  - What concerns have you heard from them about the pilot?
  - Are pilot injured workers complying with the program's rules, including staying within the restricted provider network?
- 11. Have you had any contact with employers in the pilot? If so, please describe the nature of that contact (e.g., frequency, circumstances, tone, issues discussed)
  - How satisfied do employers appear to be with the pilot?
- 12. What do you think of the design of the Managed Care Pilot?
  - What suggestions do you have for improving the pilot?
- 13. Do you think that medical management and the referral process would be different if this program were state-wide and permanent, rather than a pilot? If so, how?
- 14. Is there anything else you'd like to tell us about the pilot?
- 15. Who else should we talk to about the pilot?

#### INJURED WORKERS

- 1. Are you aware that your company is participating in a special workers' compensation program?
  - How were you informed about how the pilot program works?
  - · Was the program thoroughly explained to you?
- 2. Did you participate in your company's voting process regarding the pilot? (If not, why not?)
  - What factors influenced your vote? (i.e., why did you choose to vote yes or no?)
  - What did you think about the program when you first heard about it?
  - Has your opinion of the pilot program changed? If so, when and why?
- 3. How long ago were you injured?
  - When seeking treatment for your work-related injury, did you see only providers on a certain list, or did you see any health care provider you wanted?
  - Are you still seeking care for that injury?
  - (If yes, and the injury was more than 9 months ago) Are you still seeing the same health care provider(s) who originally treated you?
- 4. (If the informant used a pilot provider) Describe your experience receiving health care in the managed care organization, including referrals to specialists?
  - Have you ever had a work-related injury or illness before? If so, how did the pilot system differ from what you experienced before?
  - Did you request a specific referral (for chiropractic care or a medical specialist)? If so, was your request granted?
- 5. Are you familiar with the dispute resolution process under the pilot? If so, please describe it.
  - Have you filed any kind of grievance related to your medical treatment under the pilot? If so, briefly describe your grievance? Was it settled to your satisfaction?
  - How well do you think the dispute resolution process for the pilot is functioning?
  - What suggestions do you have for improving the pilot's dispute resolution process?
- 6. Has your employer tried to increase workplace safety since being involved in the pilot program?
  - Have new safety programs affected workplace safety?
- 7. What do you like about the pilot?
- 8. What do you not like about the pilot?
- 9. What else would you like to tell us about the pilot?

#### **EMPLOYEE REPRESENTATIVES**

## **Dispute Resolution Process:**

- 1. Are you familiar with the dispute resolution process for injured workers under the pilot?
  - How does the pilot dispute resolution process differ from the dispute resolution process for other injured workers?
  - How was the dispute resolution process for the pilot developed?
- 2. How well do you think the dispute resolution process for the pilot is functioning?
  - What do you think is working well?
  - What do you think is not working well?
  - How satisfied do you perceive injured workers to be with the pilot's dispute resolution process?
  - What suggestions do you have for improving the pilot's dispute resolution process?
- 3. Do you think the pilot has affected the type and volume of disputes and appeals in the workers' compensation system? If so, how?

#### **Workplace Safety Incentives:**

- 4. Does the design of the pilot offer incentives to increase workplace safety?
  - If yes, what is it about the pilot that increases workplace safety?
  - *If no*, do you think the pilot should have been designed differently to offer more incentives to increase workplace safety? How?
- 5. Have you seen changes in workplace safety initiatives since implementation of the Managed Care Pilot?
  - (*If so*) Have programs to improve workplace safety been implemented jointly by the MHCS and the employers?
  - (If so) Have these programs had an impact on workplace safety?
- 6. Do you think that the incentives for improved workplace safety would be different if this program were expanded?

#### **Concluding questions:**

- 7. Is there anything else you'd like to tell us about the pilot?
- 8. Who else should we talk to about the pilot?

#### **EMPLOYERS**

- 1. Does the design of the Workers' Compensation Managed Care Pilot offer incentives to increase workplace safety?
  - If yes, where do the incentives lie and how are they realized?
  - **If no**, do you think the pilot should have been designed differently to offer more incentives to increase workplace safety? How?
- 2. Has your company implemented any workplace safety programs since participating in the Managed Care Pilot?
  - (*If so*) Were the programs to improve workplace safety implemented jointly by your company and the managed health care system?
  - (If so) Have these programs had an impact on workplace safety?
- 3. Do you think that the incentives for improved workplace safety would be different if this program were state-wide and permanent, rather than a pilot?
- 4. Is there anything else you'd like to tell us about workplace safety under the pilot?
- 5. Who else should we talk to about workplace safety under the pilot?

#### MHCS PROVIDERS AND ADMINISTRATORS

#### **Dispute Resolution Process:**

- 1. How does the dispute resolution process for injured workers treated under the pilot differ from the dispute resolution process for other injured workers you treat?.
- 2. How was the dispute resolution process for the pilot developed?
  - Do you have mechanisms to assure that it is implemented consistently?
- 3. How well do you think the dispute resolution process for the pilot is functioning?
  - What do you think is working well?
  - What do you think is not working well?
  - How satisfied do you perceive injured workers to be with the pilot's dispute resolution process?
  - What suggestions do you have for improving the pilot's dispute resolution process?
- 4. Has the pilot affected the type and volume of disputes and appeals you are seeing? If so, how?

#### **Workplace Safety Incentives:**

- 5. Does the design of the Workers' Compensation Managed Care Pilot offer incentives to increase workplace safety?
  - If yes, where do the incentives lie and how are they realized?
  - **If no**, do you think the pilot should have been designed differently to offer more incentives to increase workplace safety? How?
- 6. Have you seen changes in workplace safety initiatives since implementation of the Managed Care Pilot?
  - Have programs to improve workplace safety been implemented jointly by the MHCS and the employers?
  - (If so) have these programs had an impact on workplace safety?
- 7. Do you think that the incentives for improved workplace safety would be different if this program were state-wide and permanent, rather than a pilot?

## **Concluding Questions:**

- 8. Is there anything else you'd like to tell us about the pilot?
- 9. Who else should we talk to about the pilot?

#### L&I CLAIMS MANAGERS

- 1. What has changed about the pilot claims management process since we interviewed you in the fall?
- 2. Under the pilot medical management decisions are delegated to the MCOs. Do you feel that you've been held accountable in any way for medical management decisions?
- 3. Were there some situations in which you had the option of ordering IMEs?
  - Did you encounter any difficulties in arranging IMEs under the pilot?
  - Have the rates of IMEs been different for pilot and non-pilot claims?
- 4. Were you given a quality assurance mechanism to use in reviewing cases which appeared to be inappropriately managed by an MCO?
  - What did you do when you thought a claim was inappropriately managed by an MCO?
  - Were your actions effective?
- 5. How has the pilot affected your working conditions?
  - Have there been any issues related to working conditions that needed to be resolved?
  - How were these issues handled?
  - Were the issues resolved to your satisfaction?
- 6. Were you given question and answer sheets to help you respond to phone calls and correspondence generated by the pilot?
  - Under what circumstances did you use them?
  - Were they helpful?
- 7. How does the dispute resolution process for injured workers treated under the pilot differ from the dispute resolution process for other injured workers?
- 8. How was the dispute resolution process for the pilot developed?
- 9. How well do you think the dispute resolution process for the pilot has functioned?
  - What do you think has worked well?
  - What do you think has not worked well?
  - How satisfied do you perceive injured workers to have been with the pilot's dispute resolution process?
  - What suggestions do you have for improving the pilot's dispute resolution process?
- 10. Has the type or volume of disputes and appeals been different for the pilot and non-pilot claims? If so, how?
- 11. What works well in claims management under the pilot?

- 12. What could be improved in claims management under the pilot?
- 13. What else would you like to tell us about how the pilot compares with your usual approach to claims management?

# SELF-INSURED EMPLOYERS, TPAS, AND CLAIMS CONSULTANTS FOR STATE-FUND FIRMS

#### **Claims Management:**

- 1. Have there been any changes in the pilot claims management process since we interviewed you in the fall?
  - If so, please describe them.
- 2. What works well in claims management under the pilot?
- 3. What could be improved in claims management under the pilot?

#### **Dispute Resolution Process:**

- 4. Are you familiar with the dispute resolution process under the pilot?
  - How does the dispute resolution process for injured workers treated under the pilot differ from the dispute resolution process for other injured workers?
- 5. How well do you think the dispute resolution process for the pilot is functioning?
  - What do you think is working well?
  - What do you think is not working well?
  - How satisfied do you perceive injured workers to be with the pilot's dispute resolution process?
  - What suggestions do you have for improving the pilot's dispute resolution process?
- 6. Has the pilot affected the type and volume of disputes and appeals? If so, how?

## **Concluding Questions:**

7. Is there anything else you'd like to tell us about the pilot?

#### IMPLEMENTATION SUMMARY

## A. Impacts of offering dual insurance products: fee-for-service and managed care models

- 1. What were the significant challenges L&I faced in offering a managed care product while maintaining a fee-for-service product?
- 2. How were these challenges met? What changes in [information systems, employer services and programs, claims assignment] were made?
- 3. How successful were these adaptations?
  - a. What worked well?
  - b. What problems were encountered?
- 4. What would you do differently in implementing such a program in the future?
- 5. What else is needed for a program like the pilot to operate effectively?

# B. Complexities of designing, explaining, and implementing a first generation workers' compensation capitated payment method

- 1. What were the significant challenges L&I faced in designing and implementing the pilot's capitation payment method?
- 2. How were these challenges addressed?
- 3. How successful was the outcome?
  - a. What worked well?
  - b. What problems were encountered?
- 4. Given your experiences with the pilot, do you think the capitated payment amount was appropriate?
- 5. What considerations would L&I and the MCOs need to make in determining possible future capitation amounts?

#### C. Communication between L&I and the MCOs.

- 1. What were the primary topics about which L&I and the MCOs communicated?
- 2. Describe the communications (e.g., who initiated, medium of communication, ability to contact the necessary parties, etc.).
- 3. In what ways was the communication between the organizations effective?
- 4. In what ways could the communications have been improved?

## D. Changes in the MCO marketplace.

- 1. What changes do you think occurred in the MCO marketplace during pilot development and implementation?
- 2. How do you think these changes affected the pilot?

- 3. How effectively do you think L&I handled the changes?
  - a. What worked well?
  - b. What problems were encountered?
- 4. What recommendations would you make to administrators of other new and/or pilot L&I programs regarding working in the context of a dynamic health care services market?